May 27, 2005

10/536,851-Conf. #4648

Yann Georges Lepage

PTO/SB/81 (01-09)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Filing Date

Application Number

First Named Inventor

REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS			METHOD AND APPARATUS FOR CLEANING A MOBILE IMMERSED Title STRUCTURE				
			Art Unit		1792	1792	
			Examiner Name		KO, STEPHEN K		
			Attorney Docket No.		HO-P037	HO-P03716US0	
I hereby revoke all	previous powers	of attorney giv	en in the at	ove-identified	application.		
A Power of Attorn OR  X I hereby appoint Pra-			uian Cuetomi	ar [			
Number as my/our a identified above, and and Trademark Offic OR	ne application d States Patent 26271				***************************************		
I hereby appoint Pra and to transact all be	ctitioner(s) named business in the United	elow as my/our States Patent a	attorney(s) o and Tradema	r agent(s) to pro rk Office conne	osecute the ap	plication identific	ed above,
Practition	er(s) Name	Registration Number	Practitioner(s) Name		Vame	Registration Number	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Please recognize or ch  X The address asso  OR  The address associ	ciated with the abo	ove-mentioned			d application	to:	7
Firm or Individual Name							
Address							
City		State		Zip		*********************	
Country		Telephone		Email			
i am the: Applicant/Inventor OR X: Assignee of record Statement under 3	d of the entire inte			I herewith or I	iled on		
***************************************	/ SIGNA	TURE of Applic	cant or Assi	gnee of Record	<u> </u>	***************************************	
Signature				Date	Jan	000 y 4 y 50	20/0
Name	an a		eqs/	Telepho	and a second and the second and the second	(: 4644 Z)	3000
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	uthorized Signer,	**********************	***************************************	, and the second se	**********************		
NOTE: Signatures of all the i forms if more than one signa			entire interes	t or their represe	entative(s) are re	equired. Submit	mutiple
*Total of	1 forms.	are submitted.					

1

**POWER OF ATTORNEY**